

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004684

1. Entity Name

FSC REALTY THUNDER HOLLOW, INC.

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90011 040 ***550.00

Principal Place of Business

9777 WILSHIRE BLVD., SUITE 710
BEVERLY HILLS CA 90212

Mailing Address

9777 WILSHIRE BLVD., SUITE 710
BEVERLY HILLS CA 90212

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3526109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
FINBERG, STANLEY R.
9777 WILSHIRE BLVD., SUITE 710
BEVERLY HILLS CA 90212 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
RYAN, SANDY
9777 WILSHIRE BLVD., SUITE 710
BEVERLY HILLS CA 90212 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BRANNIAN, LAWRENCE J
8150 N. CENTRAL EXPRESSWAY SUITE 1800
DALLAS TX 75206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
BARIL, ALBERT
9777 WILSHIRE BLVD., SUITE 710
BEVERLY HILLS CA 90212 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00

Date

310-278-2434

Daytime Phone #

CR2E034 (5/00)